

21
8/11/02



Tetra Tech EM Inc.

11116 South Towne Square, Suite 303
St. Louis, MO 63123

US EPA RECORDS CENTER REGION 5



486304

FAX COVER SHEET

DATE: 8/14/02

TIME: 2⁴⁵ pm

TO: Kevin Turner

PHONE:

FAX: 618-482-4230

FROM: Bryan

PHONE: 314.892.6322

FAX: 314.892.6132

RE: Swift

CC:

Number of pages including cover sheet: 4

Message:

[illegible]

TABLE 2
ANALYTICAL RESULTS SUMMARY

Analyte	Sample No. ^{a,b}											
	027-01	027-02	027-03	027-04	027-05	027-06	027-07	027-08 ^c	027-09	027-10	027-11	027-12
Total Arsenic	<3.00	<3.00	<3.00	<3.00	<3.00	7.57B	<3.00	0.045 B	<3.00	<3.00	5.68B	<3.00
Total Barium	73.9	112	332	57.9	98.0	74.6	129	0.048	32.9	298	176	66.8
Total Cadmium	9.08	4.82	5.31	11.2	24.3	14.7	11.8	0.087	30.8	19.5	5.84	5.46
Total Chromium	10.8	21.6	185	21.4	17.4	17.1	42.0	0.009 B	5.73 B	41.8	30.3	21.6
Total Lead	190	145	88.9	363	302	79B	167	0.055 B	94.6	478	358	229
Total Mercury	0.200	0.100	0.100	0.400	0.500	3.10	6.80	<0.002	0.400	3.90	3.30	0.500
Total Selenium	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70	<4.70
Total Silver	1.30 B	1.53 B	<0.600	1.56 B	1.40 B	3.46 B	<0.600	<0.006	0.668 B	1.14 B	1.21 B	3.71 B
pH ^d	7.55SU	8.24SU	NA	7.10SU	7.19SU	7.41SU	NA	NA	NA	NA	NA	NA
Phenanthrene ^d	0.55J	1.4J	NA	<5.63	0.16J	<3.77	NA	NA	NA	NA	NA	NA
Fluoranthene	1.2J	2.8J	NA	0.41J	0.18J	0.43J	NA	NA	NA	NA	NA	NA
Pyrene	0.91J	2.2J	NA	<5.63	<2.31	0.36J	NA	NA	NA	NA	NA	NA
Benzo(a)anthracene	0.42J	0.998J	NA	<5.63	<2.31	<3.77	NA	NA	NA	NA	NA	NA
Chrysene	0.54J	1.3J	NA	<5.63	0.27J	<3.77	NA	NA	NA	NA	NA	NA
Bis(2-ethylhexyl) phthalate	<4.44	0.89J	NA	<5.63	<2.31	<3.77	NA	NA	NA	NA	NA	NA
Benzo(b)fluoranthene	0.90J	1.8J	NA	<5.63	0.38J	<3.77	NA	NA	NA	NA	NA	NA
Benzo(k)fluoranthene	<4.44	0.72J	NA	<5.63	<2.31	<3.77	NA	NA	NA	NA	NA	NA
Benzo(a)pyrene	0.43J	1.5J	NA	<5.63	0.19J	<3.77	NA	NA	NA	NA	NA	NA
Indeno(1,2,3-cd)pyrene	<4.44	0.35J	NA	<5.63	<2.31	<3.77	NA	NA	NA	NA	NA	NA
Acetone	NA	NA	NA	0.061J	0.077J	0.18J	NA	NA	NA	NA	NA	NA
Methylene Chloride	NA	NA	NA	0.022J	0.018J	0.019J	NA	NA	NA	NA	NA	NA
Toluene	NA	NA	NA	0.020J	0.0037J	0.0044J	NA	NA	NA	NA	NA	NA
m- and p-Xylenes	NA	NA	NA	0.0051	<0.005	<0.005	NA	NA	NA	NA	NA	NA
o-Xylenes	NA	NA	NA	0.0023J	<0.005	<0.005	NA	NA	NA	NA	NA	NA
1,2,4-Trimethylbenzene	NA	NA	NA	0.002J	<0.005	<0.005	NA	NA	NA	NA	NA	NA
Aroclor 1254	<0.044	<0.041	NA	<0.056	0.148	<0.038	NA	NA	NA	NA	NA	NA
Aroclor 1260	0.0307J	0.0633	NA	0.115	0.0974	0.0364J	NA	NA	NA	NA	NA	NA
alpha-BHC ^d	<0.013	<0.012	<0.019	0.0518J	0.0922J	<0.566	<1.13	<0.03	0.0382J	<0.032	<0.015	<0.01
delta-BHC ^d	0.0173J	0.0153J	<0.058	<0.101	<0.173	<1.69	<3.38	<0.06	<0.088	<0.097	0.0271J	<0.01
Heptachlor	<0.013	<0.012	<0.019	0.0484	<0.058	<0.566	1.52	<0.03	<0.029	<0.032	<0.015	<0.01
gamma-Chlordane	<0.016	<0.015	0.0193J	0.243	<0.071	<0.698	8.48	<0.04	0.036	0.0443	0.0146J	0.01

TABLE 2 (Continued)
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Analyte	Sample No. ^{a,b}											
	027-01	027-02	027-03	027-04	027-05	027-06	027-07	027-08 ^c	027-09	027-10	027-11	027-12
alpha-Chlordane	<0.012	0.0132	<0.017	0.0563	<0.052	<0.510	1.91	<0.43	<0.026	<0.029	0.0126J	<0.01
Aldrin	<0.018	0.0108J	<0.026	0.082J	0.129J	0.944J	2.5J	<0.04	<0.039	0.056J	0.0246J	0.027
Heptachlor epoxide	<0.368	<0.344	<0.534	<0.935	<1.59	<15.7	17.6J	<0.083	<0.814	<0.897	<0.417	<0.47
Dieldrin	0.0222	0.0236	<0.013	1.2	1.39	3.72	5.1	<0.02	<0.020	0.176	0.0668	0.076
4,4'-DDE	<0.018	<0.017	<0.026	<0.045	<0.077	<0.755	<1.50	<0.04	<0.039	<0.043	0.0251	<0.0
Endosulfan sulfate ^d	<0.293	<0.273	<0.425	<0.743	<1.27	<12.5	<24.8	<0.66	<0.647	<0.713	0.0432J	<0.0
4,4'-DDT	<0.053	<0.050	<0.077	<0.135	<0.230	<2.26	<4.50	<0.12	<0.118	<0.130	0.0608	<0.0
Endrin aldehyde ^d	<0.102	<0.095	<0.148	<0.259	<0.442	<4.34	<8.63	<0.23	<0.226	<0.249	0.0477J	<0.1

Notes:

< = Less than reported detection limit

J = Estimated value less than practical quantitation limit

B = Estimated value less than practical quantitation limit

NA = Not analyzed

PRG = Preliminary remediation goal

SU = Standard unit

a All results are in milligrams per kilogram unless otherwise indicated.

b Shaded values exceed U.S. EPA Region 9 PRGs.

c Results for sample 027-08 are in units of milligrams per liter.

d No PRG established

TABLE 1
SAMPLING SUMMARY

Sampling Date	Time	Sample No.	Sample Medium	Description
25 Apr 01	1100	027-01	Soil; former FIT sampling location S1	Pesticides, PCBs, RCRA metals, SVOCs, and pH
25 Apr 01	1115	027-02	Background soil background	Pesticides, PCBs, RCRA metals, SVOCs, and pH
25 Apr 01	1135	027-03	Sediment from old reservoir	Pesticides and RCRA metals
25 Apr 01	1150	027-04	Soil from totes area	Pesticides, PCBs, RCRA metals, SVOCs, VOCs, and pH
25 Apr 01	1210	027-05	Soil from secondary containment	Pesticides, PCBs, RCRA metals, SVOCs, VOCs, and pH
25 Apr 01	1230	027-06	Soil from former tank area	Pesticides, PCBs, RCRA metals, SVOCs, VOCs, and pH
25 Apr 01	1245	027-07	Sediment from ditch	Pesticides and RCRA metals
25 Apr 01	1440	027-08	Water from Rose Creek	Pesticides and RCRA metals
25 Apr 01	1450	027-09	Sediment from Rose Creek	Pesticides and RCRA metals
25 Apr 01	1500	027-10	Sediment from Rose Creek	Pesticides and RCRA metals
25 Apr 01	1510	027-11	Sediment from Rose Creek	Pesticides and RCRA metals
25 Apr 01	1520	027-12	Sediment from Rose Creek	Pesticides and RCRA metals

Notes:

FIT = Field Investigation Team
PCB = Polychlorinated biphenyl
RCRA = Resource Conservation and Recovery Act
SVOC = Semivolatile organic compound
VOC = Volatile organic compound

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.																																	
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12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>																																					
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SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self-explanatory)</i>		Complete this information if this is a continuation sheet.	PAGE _____ OF _____ PAGES _____	
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)	Complete only for actual expense travel	Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	TRAVEL AUTHORIZATION NO. _____	
				TRAVELER'S LAST NAME _____	

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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TRAVEL AUTHORIZATION NO.

[illegible]TOTAL
AMOUNT
CLAIMED ▶

